

# Work Order ID 94468

\*94468\*

Page 1

December-19-12 11:16:37 AM

Item ID: D350-616-011

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

Item Name: Emergency Litter

Start Date: 1/15/13 Start Qty: 1.00 \*1\*

Cust Item ID:

Required Date: 1/15/13 Req'd Qty: 1.00 \*1\*

Customer:

Reference:

Approvals: Process Plan: MCS Date: 12-12-19 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start \*NR1\*

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop \*NR2\*

| Sequence ID/<br>Work Center ID | Operation<br>Description  | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|---|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| <b>Draw Nbr</b>                | <b>Revision Nbr</b>   |                      |         |        |              |               |               |                  |                |
| d350-616                       | E   |                      |         |        |              |               |               |                  |                |
| 100                            |   | 0.00                 |         |        |              |               |               |                  |                |
| <b>*100*</b>                   |   |                      |         |        |              |               |               |                  |                |
| DC                             |   | 0.00                 |         |        |              |               |               |                  |                |
| Document Control               | Memo<br>Photocopy bluefile and create labels per PPP D350-616-011<br>CHG004 |                      |         |        |              |               |               |                  |                |
| 110                            | Pick Kit  | 0.00                 |         |        |              |               |               |                  |                |
| <b>*110*</b>                   |   |                      |         |        |              |               |               |                  |                |
| Packaging                      |   | 0.00                 |         |        |              |               |               |                  |                |
| Packaging                      | Memo  |                      |         |        |              |               |               |                  |                |
| 120                            | QC4- 100% Inspect kits for completeness                                     | 0.00                 |         |        |              |               |               |                  |                |
| <b>*120*</b>                   |   |                      |         |        |              |               |               |                  |                |
| QC                             |   | 0.00                 |         |        |              |               |               |                  |                |
| Quality Control                | Memo  |                      |         |        |              |               |               |                  |                |

*[Signature]* 13-3-4

DAS  
06  
13/3/14

*[Signature]* 13/3/14

DAS  
16  
13/3/15

DAS  
16  
13/3/15

*[Signature]*

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|  |                                    |  |                                      |   |                          |  |                        |                     |                     |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
|--|------------------------------------|--|--------------------------------------|---|--------------------------|--|------------------------|---------------------|---------------------|--|--|------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--|----------------------------------|--|------------------------------------|--|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                    |  |                                      | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> |                          | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width:100%; border: none;"> <tr> <td style="width: 25%;">Skid-tube <input type="checkbox"/></td> <td style="width: 25%;">Crosstube <input type="checkbox"/></td> <td style="width: 25%;">Water Jet <input type="checkbox"/></td> <td style="width: 25%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> |                        |                     |                     |  |  | Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |  |
| Skid-tube <input type="checkbox"/>                           | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/>           | Engineering <input type="checkbox"/> |   |                          |  |                        |                     |                     |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Machining <input type="checkbox"/>                           | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/>   | Quality <input type="checkbox"/>     |   |                          |  |                        |                     |                     |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Thermoforming <input type="checkbox"/>                       | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/>       |   |                          |  |                        |                     |                     |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Large Fab <input type="checkbox"/>                           | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/>            |                                      |   |                          |  |                        |                     |                     |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| <b>Root Cause</b>  | <b>Date</b>                        | <b>Step</b>                                  | <b>Qty</b>                           | <b>Description of work order update or Non-conformance</b>  | <b>Initial Chief Eng</b> | <b>Action Description</b>  | <b>Sign &amp; Date</b> | <b>Verification</b> | <b>QC Inspector</b> |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Doc/Data <input type="checkbox"/>                            |                                    |  |                                      |   |                          |  |                        |                     |                     |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Equip/Tooling <input type="checkbox"/>                       |                                    |  |                                      |   |                          |  |                        |                     |                     |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Operator <input type="checkbox"/>                            |                                    |  |                                      |   |                          |  |                        |                     |                     |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Material <input type="checkbox"/>                            |                                    |  |                                      |   |                          |  |                        |                     |                     |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Setup <input type="checkbox"/>                               |                                    |  |                                      |   |                          |  |                        |                     |                     |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Other <input type="checkbox"/>                               |                                    |  |                                      |   |                          |  |                        |                     |                     |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Process <input type="checkbox"/>                             |                                    |  |                                      |   |                          |  |                        |                     |                     |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Supplier <input type="checkbox"/>                            |                                    |  |                                      |   |                          |  |                        |                     |                     |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Training <input type="checkbox"/>                            |                                    |  |                                      |   |                          |  |                        |                     |                     |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |
| Unapproved <input type="checkbox"/>                          |                                    |  |                                      |   |                          |  |                        |                     |                     |  |  |                                    |                                    |                                    |                                      |                                    |                                    |  |                                  |  |                                    |  |                                |                                    |                                    |                                   |  |

  

| FAULT CATEGORY  |   |   |   |  |
|---|---|---|---|--|
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions | <input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge<br><br><input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><br><input type="checkbox"/> Other |  |

# Work Order ID 94468

\*94468\*

Page 2

December-19-12 11:16:37 AM

Item ID: D350-616-011

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

Item Name: Emergency Litter

Start Date: 1/15/13 Start Qty: 1.00 \*1\*

Cust Item ID:

Required Date: 1/15/13 Req'd Qty: 1.00 \*1\*

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start \*NR1\*

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop \*NR2\*

| Sequence ID/<br>Work Center ID | Operation<br>Description                               | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 130                            |  | 0.00                 |         |        |              |               |               |                  |                |
| *130*                          |  |                      |         |        |              |               |               |                  |                |
| Packaging                      | Memo   | 0.00                 |         |        |              |               |               |                  |                |
| Packaging                      | Identify and pack for shipping as per PPP D350-616-011 |                      |         |        |              |               |               |                  |                |
|                                | Location: F6 D23                                       |                      |         |        |              |               |               |                  |                |
|                                | PPP Rev: _____   |                      |         |        |              |               |               |                  |                |
| 140                            | QC21- Final Inspection - Work Order Release            | 0.00                 |         |        |              |               |               |                  |                |
| *140*                          |  |                      |         |        |              |               |               |                  |                |
| QC                             | Memo   | 0.00                 |         |        |              |               |               |                  |                |
| Quality Control                |  |                      |         |        |              |               |               |                  |                |

10 DAS 06 13/3/5

13/3/6

13-035

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|  |      |      |     |   |                      |   |                |              |              |  |  |
|--|------|------|-----|---|----------------------|---|----------------|--------------|--------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |      |      |     | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> |                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                |              |              |  |  |
| <b>Root Cause</b>  | Date | Step | Qty | Description of work order update<br>or Non-conformance  | Initial<br>Chief Eng | Action<br>Description   | Sign &<br>Date | Verification | QC Inspector |  |  |
| Doc/Data <input type="checkbox"/>                            |      |      |     |   |                      |   |                |              |              |  |  |
| Equip/Tooling <input type="checkbox"/>                       |      |      |     |   |                      |   |                |              |              |  |  |
| Operator <input type="checkbox"/>                            |      |      |     |   |                      |   |                |              |              |  |  |
| Material <input type="checkbox"/>                            |      |      |     |   |                      |   |                |              |              |  |  |
| Setup <input type="checkbox"/>                               |      |      |     |   |                      |   |                |              |              |  |  |
| Other <input type="checkbox"/>                               |      |      |     |   |                      |   |                |              |              |  |  |
| Process <input type="checkbox"/>                             |      |      |     |   |                      |   |                |              |              |  |  |
| Supplier <input type="checkbox"/>                            |      |      |     |   |                      |   |                |              |              |  |  |
| Training <input type="checkbox"/>                            |      |      |     |   |                      |   |                |              |              |  |  |
| Unapproved <input type="checkbox"/>                          |      |      |     |   |                      |   |                |              |              |  |  |

| FAULT CATEGORY  |   |  |   |   |  |  |  |  |  |
|---|---|--|---|---|--|--|--|--|--|
| <b>Landing Gear</b>                                   |   |  | <b>General</b>                                |   |  |  |  |  |  |
| <input type="checkbox"/> Bending                      | <input type="checkbox"/> Bend           | <input type="checkbox"/> Grain                           | <input type="checkbox"/> Ovalized             | <input type="checkbox"/> Pressure/Forced    |  |  |  |  |  |
| <input type="checkbox"/> Centre Not Concentric to O/S | <input type="checkbox"/> BOM/Route      | <input type="checkbox"/> Hardware                        | <input type="checkbox"/> Over/Under tolerance | <input type="checkbox"/> Temperature/Cure   |  |  |  |  |  |
| <input type="checkbox"/> Cracks                       | <input type="checkbox"/> Broken/Damaged | <input type="checkbox"/> Inspection Incomplete           | <input type="checkbox"/> Part Incorrect       | <input type="checkbox"/> Weld               |  |  |  |  |  |
| <input type="checkbox"/> Crushed/Crimped              | <input type="checkbox"/> Burrs          | <input type="checkbox"/> Instructions Incomplete/Unclear | <input type="checkbox"/> Part Lost/Missing    | <input type="checkbox"/> Wrong Stock Pulled |  |  |  |  |  |
| <input type="checkbox"/> Cuffs                        | <input type="checkbox"/> Contamination  | <input type="checkbox"/> Maintenance                     | <input type="checkbox"/> Part Moved           |   |  |  |  |  |  |
| <input type="checkbox"/> Heat Treat                   | <input type="checkbox"/> Countersink    | <input type="checkbox"/> Mislabelled                     | <input type="checkbox"/> Positioned Wrong     |   |  |  |  |  |  |
| <input type="checkbox"/> Inspection Strip in Tube     | <input type="checkbox"/> Cut Too Short  | <input type="checkbox"/> Misread                         | <input type="checkbox"/> Power Loss/Surge     | <input type="checkbox"/> Other              |  |  |  |  |  |
| <input type="checkbox"/> Ripples in Bend              | <input type="checkbox"/> Drill Holes    | <input type="checkbox"/> Offset                          |   |   |  |  |  |  |  |
| <input type="checkbox"/> Torque Waves in Extrusion    | <input type="checkbox"/> Drawing        | <input type="checkbox"/> Out of Calibration              |   |   |  |  |  |  |  |
| <input type="checkbox"/> Turning Sequence             | <input type="checkbox"/> Finish         | <input type="checkbox"/> Out of Sequence                 |   |   |  |  |  |  |  |
| <input type="checkbox"/> Wave/Twist in Tube           | <input type="checkbox"/> Folio          | <input type="checkbox"/> Outside Dimensions              |   |   |  |  |  |  |  |

# Picklist Print

December-19-12 11:16:36 AM

Page 1

Work Order ID: 94468

Parent Item: D350-616-011

Parent Item Name: Emergency Litter

Start Date: 1/15/13

Required Date: 1/15/13

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP E03.04.04ReformatKJ/RF  
IPP Rev:F 08-12-10 rev.E as per dwg DD verified by:ec

| Component Item ID/<br>Item Name         | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand  | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|---|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|-----------------|-------------|--------------|---------------|----------------|--------|
| D2370<br>Litter Assembly                |                        | Manufactured  | No          |                     |                  |                 | Each               | 0.0000          |             | 93565        |               |                |        |
| D2493<br>Patient Stop Assembly          |                        | Manufactured  | No          |                     |                  |                 | Each               | 4.0000          |             | 96965        |               |                |        |
|   |                        |               |             | <u>Location</u>     |                  | <u>Loc Qty</u>  |                    | <u>Loc Code</u> |             | 96250        |               |                |        |
|   |                        |               |             | ST221               |                  | 4               |                    |                 |             |              |               |                |        |
|   |                        |               |             | 83810               |                  | 1               |                    |                 |             |              |               |                |        |
|   |                        |               |             | 89411               |                  | 3               |                    |                 |             |              |               |                |        |
| D350-616-013<br>Deck Plate and Tie Down |                        | Manufactured  | No          |                     |                  |                 | Each               | 5.0000          |             | 91520        |               |                |        |
|   |                        |               |             | <u>Location</u>     |                  | <u>Loc Qty</u>  |                    | <u>Loc Code</u> |             |              |               |                |        |
|   |                        |               |             | FG013               |                  | 1               |                    |                 |             |              |               |                |        |
|   |                        |               |             | 89119               |                  | 1               |                    |                 |             |              |               |                |        |
|   |                        |               |             | FG023               |                  | 4               |                    |                 |             |              |               |                |        |
|   |                        |               |             | 90623               |                  | 1               |                    |                 |             |              |               |                |        |
|   |                        |               |             | 90830               |                  | 3               |                    |                 |             |              |               |                |        |

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|   |             |             |   |   |                          |   |                        |                     |  |  |   |  |
|---|-------------|-------------|---|---|--------------------------|---|------------------------|---------------------|--|--|---|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____  |             |             |   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> |                          | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                        |                     |  |  |   |  |
| <b>Root Cause</b>   | <b>Date</b> | <b>Step</b> | <b>Qty</b>  | <b>Description of work order update or Non-conformance</b>  | <b>Initial Chief Eng</b> | <b>Action Description</b>   | <b>Sign &amp; Date</b> | <b>Verification</b> | <b>QC Inspector</b>  |  |   |  |
| Doc/Data <input type="checkbox"/>   |             |             |   |   |                          |   |                        |                     |  |  |   |  |
| Equip/Tooling <input type="checkbox"/>  |             |             |   |   |                          |   |                        |                     |  |  |   |  |
| Operator <input type="checkbox"/>   |             |             |   |   |                          |   |                        |                     |  |  |   |  |
| Material <input type="checkbox"/>   |             |             |   |   |                          |   |                        |                     |  |  |   |  |
| Setup <input type="checkbox"/>  |             |             |   |   |                          |   |                        |                     |  |  |   |  |
| Other <input type="checkbox"/>  |             |             |   |   |                          |   |                        |                     |  |  |   |  |
| Process <input type="checkbox"/>  |             |             |   |   |                          |   |                        |                     |  |  |   |  |
| Supplier <input type="checkbox"/>   |             |             |   |   |                          |   |                        |                     |  |  |   |  |
| Training <input type="checkbox"/>   |             |             |   |   |                          |   |                        |                     |  |  |   |  |
| Unapproved <input type="checkbox"/>   |             |             |   |   |                          |   |                        |                     |  |  |   |  |
| <b>FAULT CATEGORY</b>   |             |             |   |   |                          |   |                        |                     |  |  |   |  |
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube |             |             | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio |   |                          | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions   |                        |                     | <input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge |  | <input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><input type="checkbox"/> Other |  |

REFERENCE ONLY

| QTY - 011 | Qty - 013 | Qty - 015 | Part Number   | Description                   |
|-----------|-----------|-----------|---------------|-------------------------------|
| X         |           |           | D350-616-011  | Full Litter Kit               |
| 1         | X         |           | D350-616-013  | Deck Plate and Tie Down Kit   |
|           | 1         | X         | D350-616-015  | Deck Plate Kit                |
|           |           | 1         | D2344         | DECK PLATE (AFT)              |
|           |           | 4         | D2348         | WEAR PLATE (KEY WAY)          |
|           |           | 1         | D2353         | STIFFENER                     |
|           | 1         |           | D2360         | LITTER TIE DOWN (LOCKING)     |
|           |           | 1         | D2364         | DECK PLATE (FWD)              |
|           |           | 2         | D2365         | WEAR PLATE (PIP PIN)          |
|           |           | 1         | D2369-1       | LOCATOR PLATE                 |
|           |           | 1         | D2369-3       | LOCATOR PLATE                 |
| 1         |           |           | D2370         | LITTER ASSEMBLY               |
| 1         |           |           | D2493         | PATIENT STOP                  |
|           | 1         |           | D3179-041     | LITTER TIE DOWN (NON-LOCKING) |
|           |           | 1         | D3494-1       | STUB COVER                    |
|           |           | 25        | MS20426AD4-5  | RIVET                         |
|           |           | 25        | MS20426AD4-6  | RIVET                         |
|           |           | 6         | MS20426AD5-7  | RIVET                         |
|           |           | 6         | MS20426AD5-8  | RIVET                         |
|           |           | 15        | MS20601AD4W2  | BLIND RIVET (or CR9162-4-2)   |
|           |           | 30        | MS20601AD4W3  | BLIND RIVET (or CR9162-4-3)   |
|           |           | 6         | MS21042L3     | NUT (or MS21042-3)            |
|           |           | 6         | MS24693-C273  | SCREW (or MS24693-273)        |
|           |           | 22        | MS24693-C48   | SCREW (or MS24693-48)         |
|           |           | 4         | MS35207-264   | SCREW                         |
|           |           | 10        | NAS1149D0363J | WASHER (or AN960JD10)         |

RELEASED  
08/11/21

CANADA  
DEPARTMENT OF TRANSPORT  
AIRCRAFT CERTIFICATION  
BRANCH  
DAO # 01-O-01

APPROVED

BY: [Signature]  
D. SHEPHERD (DE # 02)

DATE: 08.11.07  
CERT. NO.: SH96-10  
ISSUE NO.: 2

|  |  |  |               |
|--|--|--|---------------|
| E  | MAKE DSI 9310 STANDARD; D3179-041 REPLACES D2350 | RF                                     | 08.11.07      |
| D  | ADD D3494-1 STUB COVER                           | MB                                     | 06.01.19      |
| C  | ADD DSI 9112/9117/9130/9236/9310                 | MB                                     | 06.01.10      |
| B  | ADD VIEW OF D2493 TO SHEET 9                     | BW                                     | 96.01.09      |
| A  | NEW ISSUE  | BW                                     | 95.02.20      |
| REV.   | DESCRIPTION                                      | BY                                     | DATE          |
| DESIGN   | BW   | DART AEROSPACE LTD                     |               |
| DRAWN  | RF   | HAWKESBURY, ONTARIO, CANADA            |               |
| CHECKED  | DS   | DRAWING NO.                            | REV. E        |
| MFG. APPR.   | N/A  | D350-616                               | SHEET 1 OF 12 |
| APPROVED   | DS   | TITLE                                  | SCALE         |
| DE APPR.   | [Signature]                                      | AS350/355 LITTER KIT INSTALLATION      | NTS           |
| DATE   | 08.11.07   | COPYRIGHT © 1995 BY DART AEROSPACE LTD |               |
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